

## **VISION PROJECT TRAVEL GUIDELINES**

### **MEETING ARRANGEMENTS**

All meetings must be pre-arranged through the Vision Implementation Project Assistants. Please call (916) 322-4336, ext. 455 or 456 and identify the suggested location, date, time frame, and estimated number of participants. Payment for meeting room costs will be arranged through the project office. Every effort will be made to accommodate your request; however, due to cost consideration modifications may need to be made.

In order to reduce costs whenever possible, the location of the meeting should be selected in areas where air travel is minimized. Meetings should be scheduled to avoid the need for overnight accommodations. Due to Federal reimbursement guidelines, catered meals cannot be arranged and will not be reimbursed.

Vision Sub-Committees will also be reimbursed through the Vision Grant.

### **VISION PROJECT TRAVEL GUIDELINES**

Travel reimbursement is limited to the Vision Committee Lead, 6 (six) committee members and up to two (2) EMSA staff and the Vision Office staff. Reimbursable items include mileage, ground transportation, air transportation, and hotel expenses.

The reimbursement rate is as follows for:

#### **ONE-DAY TRAVEL OF LESS THAN 24 HOURS**

<b>TIME FRAME</b>	<b>REIMBURSEMENT</b>
Begins at or before 6:00 a.m. and ends at or before 9:00 a.m.	Breakfast
May not be claimed for travel of less than 24 hours	Lunch
Begins at or before 4:00 p.m. and ends at or after 7:00 p.m.	Dinner
If required, pre-approved by VIP office and with receipt	Lodging

The reimbursement rate is as follows:

### **MORE THAN 24 HOURS**

<b>TIME FRAME</b>	<b>REIMBURSEMENT</b>
Begins at or before 6:00 a.m. and ends at or before 8:00 a.m.	Breakfast
May be claimed if traveler left at or before 11:00 a.m. and returned at or after 2:00 p.m.	Lunch
Begins at or before 4:00 p.m. and ends at or after 7:00 p.m.	Dinner
If required, pre-approved by VIP office and with receipt	Lodging

Department of Personnel Administration, Section 599.619, Reimbursement for Meals and Lodgings requires that 1) all claims for lodging reimbursement must be substantiated with a receipt, (there are no exceptions to this requirement); and 2) if lodging receipts are not submitted, reimbursement will be for meals only.

<b>MEALS, LODGING, &amp; INCIDENTALS</b>	<b>REIMBURSEMENTS</b>
Breakfast	Up to \$ 6.00
Lunch	Up to \$10.00
Dinner	Up to \$18.00
Lodging with receipt	\$84.00 per night plus tax with receipt (\$110.00 per night plus tax for the counties of San Francisco, Santa Clara, Alameda, Western and Central Los Angeles and San Mateo).
Incidentals <sup>1</sup>	Up to \$6.00

<sup>1</sup>Includes expenses for personal items, tips, telephone calls, personal porter fees, etc. Allowed only for a full 24 hours of travel.

## **MODE OF TRAVEL**

When a Vision Implementation Committee member travels under the Sierra-Sacramento Valley Evaluation and Planning Project Grant he/she will travel in the best interest of the grant. Generally, this means the least costly method.

### **Airline Travel**

The Vision Office asks that all committee members pay for their own airline tickets, which will then be reimbursed through Vision. Travel for Vision committees must be requested through the committee lead. Airfare over \$200 must be pre-approved by Vickie Pinette at Sierra-Sacramento Valley EMS Agency. Airfare under \$200 does not need a special pre-approval. We encourage all members to purchase refundable tickets in case a meeting is cancelled or relocated.

### **Personal Car Travel**

Reimbursement may be requested for the use of a personal car at the rate of \$.31 per mile or less for travel expenses incurred for attending the Implementation Committee meetings. In addition to personal car mileage, reimbursement may be requested for overnight and day parking, bridge and road tolls; necessary bus or taxi fares; and all other charges necessary from and to the individual.

## **TRAVEL EXPENSE CLAIM**

Attached you will find the Expense Claim that must be used to claim your travel expenses.

This form and all receipts must be submitted to S-SV **no later than 60 days after the meeting. Claims received after 60 days will not be reimbursed.**

Upon review of the Expense Claim, you will find it to be fairly self-explanatory. Please fill out the form completely. Your Vision Group Name and Vision Group Lead's Name will help S-SV keep accurate records of your group's expenses. The dates of your travel, the departure and arrival times, destination and mode of travel must be completely filled out. The cost of lodging, meals, parking, bridge tolls, and transportation are reflected on the form as well. Also, please include your social security number and your name the way it appears on your social security card. Please remember that your expenses must be substantiated with receipts and your signature must be included on the form.

Your Expense Claim must be submitted to:

Sierra-Sacramento Valley EMS Agency  
Attention: Vickie Pinette  
5995 Pacific Street  
Rocklin, CA 95677

If you have any additional questions regarding filling out your Expense Claim, you may contact the Vision Implementation Project Office at (916) 322-4336, ext. 449 or Vickie Pinette at (916) 625-1717.

**Expense Claim**  
Statewide Emergency Medical Services  
Evaluation and Planning Project

Vision Group \_\_\_\_\_  
Project Lead

Claimant’s name (as it appears on Social Security Card)  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ Tel. Number \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Month	Year	Location where expenses were incurred	Lodging	Meals (indicate breakfast, lunch, dinner)	Carfare Tolls Parking	Airfare*	Total for day
Date	Time						

\*Special approval required for airfare over \$200.  
SUBTOTALS

CLAIM TOTAL \$ \_\_\_\_\_

I hereby certify that the above is a true statement of the travel expenses of incurred by me while traveling for the express purpose of the Statewide Evaluation and Planning Project.

Claimant’s signature \_\_\_\_\_ Date \_\_\_\_\_

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